A Check Up on the...



Indiana Check-Up Plan

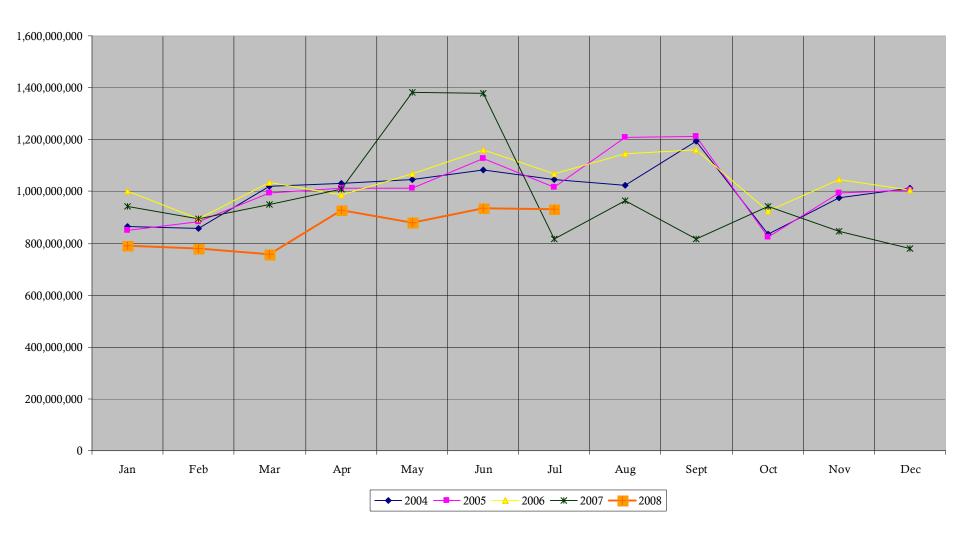
HEA 1678

- ✓ 44¢ Cigarette Tax
- ☑ Physician Reimbursement Increase
- ☑ Small Business Qualified Wellness Program Tax Credit
- □ Dependent Coverage up to Age 24
- ☑ Increase SCHIP to 250% FPL
- ☑ Continuous Eligibility to Age 3
- Childhood Immunization
- ✓ Increase Pregnancy Coverage to 200% FPL
- ☐ Presumptive Eligibility for Pregnant Women
- ☑ Buy-In Option for over 200% FPL
- ✓ Increase Coverage to Adults up to 200% FPL (HIP)

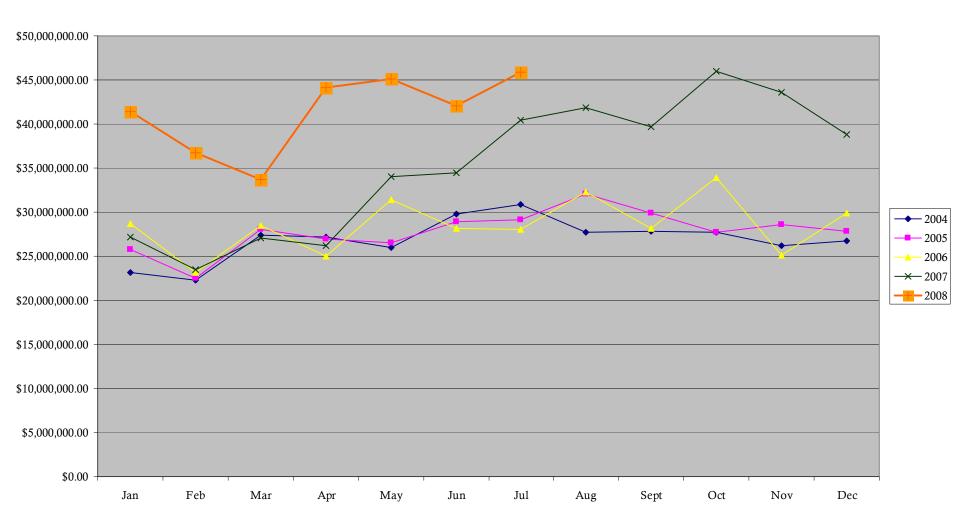
Cigarette Tax

- Close to previous revenue forecast
 - May 2007 Forecast (\$'s in millions)
 - 2008-\$204.1
 - 2009-\$206.6
 - January 2008 Forecast (\$'s in millions)
 - 0 2008-\$188.4
 - o 2009-\$205.3
- Actual allocation of funds to date for HEA 1678 FSSA programs (\$'s in millions)
 - HIP- \$84.7
 - Provider Reimbursement- \$7.7

TOTAL NUMBER OF STICKS



GROSS CIGARETTE TAX REVENUES



Physician Reimbursement Increase



- Effective January 1, 2008
- ✓ A permanent rate increase of \$32 million annually for primary care, specialists and dentists- an approximate 25% increase on the affected procedures including:
 - Preventive care and certain evaluation/management procedures
 - Early periodic screening diagnosis and treatment (EPSDT)
 - Scheduled weekend and holiday services
- Bonuses are calculated on a formula including:
 - Number of Medicaid participants seen by the provider
 - Number of primary and preventive procedures
 - Number of newborn deliveries
- ✓ 2007 Bonus Payment for approximately 5,000 primary care providers totaling approximately \$39 million dollars.

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Small Business Qualified Wellness Program Tax Credit



- Public Announcement of program began October 2007
- Wellness Program Criteria:
 - Employee Appropriate Weight Loss,
 - Smoking Cessation, and
 - Pursuit of Preventive Healthcare Services
- ✓ For 2007 tax credit, ISDH approved 15 registered vendors and 51 small businesses (in just 2 months)
- Focus on marketing in 2008
 - Join with InShape outreach efforts
- According to DWD, 40% of the workforce are employed by small private firms

Employer's Section 125 Plan



- Section 125 of IRS code allows employers and employees to purchase health insurance on a pretax basis.
- ✓ ICUP created tax credit equal to \$50 per employee up to \$2500 is available to all employers who currently offer no health insurance.
- Went into effect January 1, 2008- No data available from Department of Revenue at this time
- Town Hall Meeting- Bloomington
 - Generated many inquiries from local small businesses in the area

Dependent Coverage to Age 24

Due to ERISA laws (Employee Retirement Income Security Act), self-funded group plans are untouched by specific state insurance law.

In Indiana, approximately 70% of Hoosiers are covered by the self funded group plans and cannot take advantage of this change.

Increase SCHIP to 300% FPL



- State Plan Amendment for expansion to 250% FPL was approved in May 2008 and will be in effect by October 2008
- ✓ Federal Government will not approve beyond 250% without proof that 95% of eligible children are enrolled
- Expansion of SCHIP eligibility from 200% to 250% of FPL is forecasted to result in additional growth of 425 per month for a total of 5,100 additional covered lives in the first year

Continuous Eligibility to Age 3



✓ Implemented November 2007

Continuous Eligibility for those under three years of age was forecasted to result in an average of 5,616 more children per month by the end of SFY 2009.

Childhood Immunization



- ✓ The ISDH began receiving allotments from the Indiana Check-Up Plan trust fund on October 26, 2007.
- ✓ Indiana's children have received over 130,000 doses of vaccine through this opportunity. The following vaccines are examples that have been received:
 - 22,601 doses of Measles, Mumps and rubella vaccine
 - 18,351 doses of Pneumococcal vaccine
 - 11,554 doses of Polio
 - 6,528 doses of Varicella
 - 11,057 doses of Rotavirus
- The immunization program has incurred over \$4 Million for the additional purchases of vaccines for Indiana's children through this opportunity.

Increase Pregnancy Coverage to 200% FPL



✓ Implemented January 1, 2008

Expansion of Coverage for Pregnant Women from 150% of FPL to 200% of FPL is forecasted to result in a maximum additional 1,100 average monthly pregnant women covered by Medicaid.

Presumptive Eligibility for Pregnant Women



Targeted implementation for October 2008

- Eligibility determination system change could not be accommodated prior to this time.
- Per federal regulations, all enrollment centers (300) must register to become presumptive eligibility provider.



Buy-In Option



- Uninsured individuals with incomes above 200% FPL may buy-in to HIP
 - Rates based on age, gender, health status
 - Participant pays full cost
- If the program fills, individuals who would qualify for HIP may use the buy-in option
 - HIP rates available to such individuals
 - Participant pays full cost
- Available now through Anthem Blue Cross Blue Shield
 - MDWise with Americhoice option expected later this year soon!

Healthy Indiana Plan Timeline





- ☑ April 2007- General Assembly passes HEA 1678
- ☑ May 2007- Submit RFP for Health Plans
 - Five health plans submit proposals
- ✓ June 2007- Begin Regular Waiver Negotiations with CMS and OMB
- August 2007- Health Plans Selected
 - Anthem Blue Cross Blue Shield
 - MDwise and United Healthcare were asked to come together to offer HIP (Subcontracting relationship)
 - Enhanced Services Plan- ICHIA

Healthy Indiana Plan Timeline





- September 2007- Conceptual Agreement with CMS
- ☑ November 2007- Contract signed with health plans
- ☑ December 14, 2007- Official Waiver Approval
 - Funding for 130,000
 - Limits on Childless Adults
 - Eligibility Begins at Age 19 not 18
 - No Dental or Vision Coverage
 - No Plan Involvement in Enrollment
 - Must Allow Legal Aliens to Participate
 - Moved Contribution for 150-200% from 5% to 4.5% for parents

Basic Structure for
HIP including
benefit package
and POWER
Account Remain
Unchanged

Healthy Indiana Plan Timeline





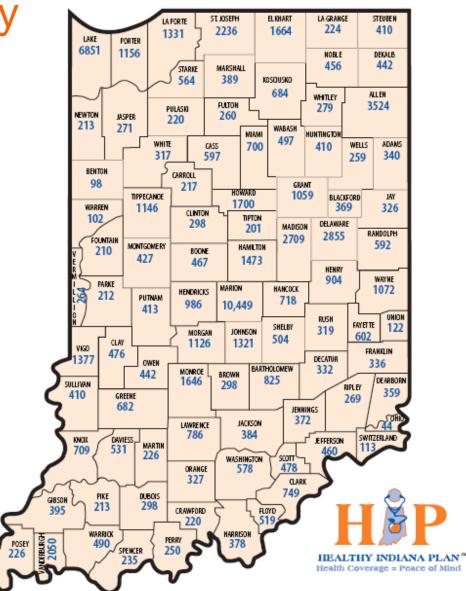
- December 10, 2007- Statewide Media Campaign Begins
 - We've Got you Covered- TV, Radio, Billboard, Transit
 - Direct Marketing to Hoosier Healthwise Parents
- ☑ December 17, 2007- Begin Accepting Applications
 - 3,500 apply by first week
- ☑ January 1, 2008- HIP Fully Implemented
 - 20,000 applications by end of first month
- ☑ May 23, 2008- 10,000 Hoosiers Insured
- ☑ July 1, 2008- HIP Buy-In Available
- ☑ July 20, 2008- 20,000 Hoosiers Insured

Applications by County

- Statewide distribution fairly consistent with population
- Map as of September 19, 2008, totaling 76,038 applications statewide
- ✓ Top 3 Counties:
 - Marion 10,449
 - Lake 6,851
 - Allen 3,524

Healthy Indiana Plan (HIP) Applications by County

Total Applications as of 9/19/08 = 76,038

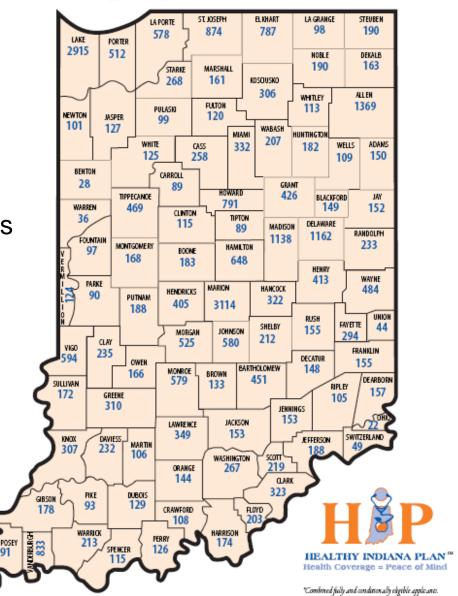


Eligible by County

- Map as of September 19, 2008, totaling 31,237 eligible statewide
 - 5,484 Conditional Eligible
 - 25,753 Fully Eligible Members
- ✓ Top 3 Counties:
 - Marion 3,114
 - Lake 2,915
 - Allen 1,369

Healthy Indiana Plan (HIP) Applications by County

Approved Applications* as of 9/19/08 = 31,237



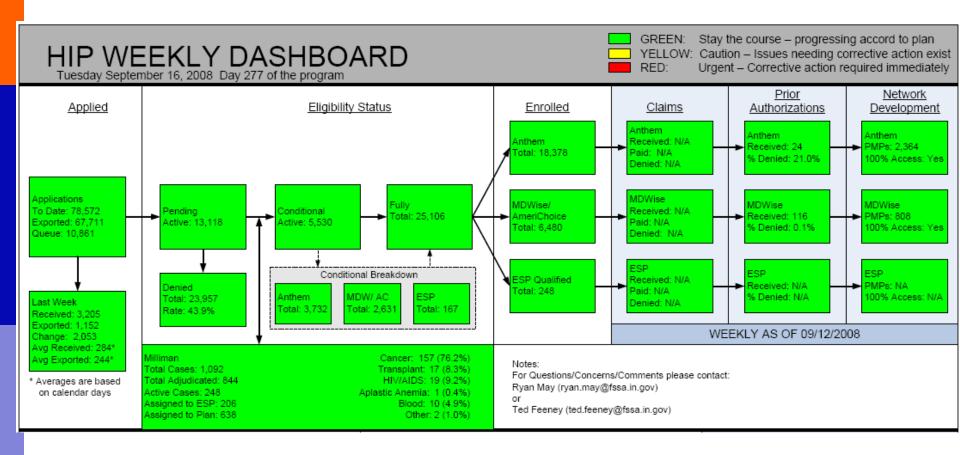
Enrollment



- √ 80,055 Applications Received by September 22, 2008
- 56,162 Applications Processed
- Originally set up to process 4,000 applications per month, but volume was much greater than anticipated!
- HIP Growth Strategy
 - Doubled the original HIP staff to 91
 - Turn marketing on and off as needed
- Monitoring Daily

Daily Dashboard





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Entry Point



- Applicant obtains application:
 - On the internet at <u>www.hip.in.gov</u>
 - Request by phone at 1-877-GET-HIP-9
 - Pick up at local DFR office or Hoosier Healthwise Enrollment Center
- Four page paper application
 - Typical application with additional questions related to health status & access to employer sponsored health insurance
 - Application includes plan choice selection
 - Supporting documentation of ID, citizenship, and income
- Application mailed or faxed to Marion, Indiana document center



Who is Eligible for Subsidized Coverage?

- ✓ Non-Disabled Adults Ages 19-64:
 - Caretaker Relatives of dependent children with family incomes from 22% to 200% FPL
 - Biological, adoptive, step parents;
 - Other relatives who care for a dependent child (i.e. grandparent, aunts)
 - Childless adults with family incomes under 200% FPL
 - Enrollment Cap: 34,000 childless adults each year
 - Have no dependent children living in household in their care
- An estimated 375,000 Hoosiers are chronically uninsured under 200% FPL
 - HIP has funding to cover approximately 130,000

Other Eligibility Criteria

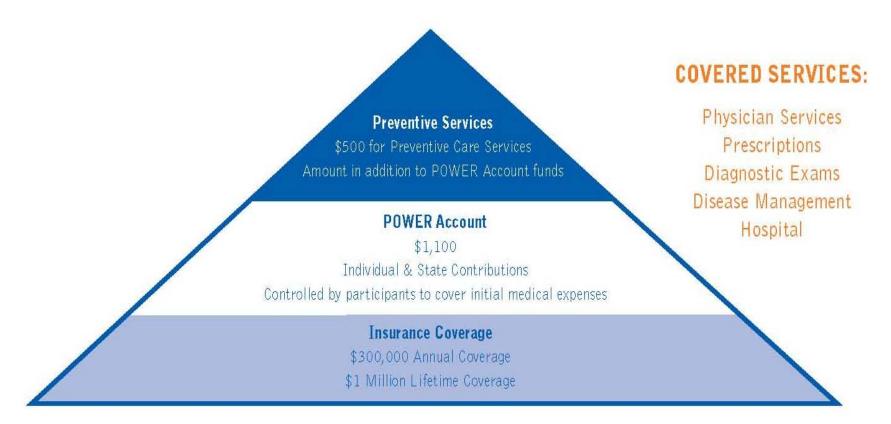


- Participants must be uninsured for at least 6 months
 - COBRA, disease specific and accident policies are not subject to the six month coverage restriction
- Participants must not be eligible for employersponsored health insurance offered through their individual employer



Plan Structure





Individual POWER Account contribution will not exceed 5% of gross gross annual income – approximately \$200 - \$900 annually

Required Contributions



	2%	3%	4%	4.5%-5%
Number of people in your family	0% - 100% FPL	101%- 125% FPL	126%- 150% FPL	151%- 200% FPL
1	\$10,210	\$12,763	\$15,315	\$20,420
2	\$13,690	\$17,113	\$20,535	\$27,380
3	\$17,170	\$21,463	\$25,755	\$34,340
4	\$20,650	\$25,813	\$30,975	\$41,300
5	\$24,130	\$30,163	\$36,195	\$48,260
6	\$27,610	\$34,513	\$41,415	\$55,220
7	\$31,090	\$38,863	\$46,635	\$62,180
8	\$34,570	\$43,213	\$51,855	\$69,140

How Contribution Levels are Calculated:

- ✓0-100% of FPL= members must contribute 2% of total household income
- ✓101%-125% of FPL= members must contribute 3% of total household income
- ✓ 126%-150% of FPL= members must contribute **4%** of total household income
- ✓151%-200% of FPL= caretaker relative members must contribute 4.5% of total household income
- ✓ 151%-200% of FPL= childless adult members must contribute 5% of total household income



The Plans



Market Concept at Work

Both Insurers are:

- Providing free unlimited preventive care services rather than the minimum \$500 required by the legislation
- Sending detailed monthly statements to members to monitor POWER Account balances, which are also accessible on the internet
- Allowing members to make monthly contributions in cash at local banks

Call Center for More Information



1-877-GET-HIP-9

- ✓ Toll-free line with options
 - General Information
 - Application Assistance
 - Plan Selection
 - Anthem Blue Cross Blue Shield
 - MDwise with AmeriChoice
 - Enhanced Services Plan

